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|  | | **Case Plan** | | | | | | | | | | Initial Plan  Follow-up Plan | |
| The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver’s protective capacities to assure the child’s safety, permanency and well-being.  In-Home Case Plan: This plan is designed to keep children in their home.  Out-of-Home Case Plan: This plan is designed to assist in the child’s timely and safe return home. | | | | | | | | | | | | | |
| CAREGIVER(S) | | | | | CHILD(REN) | | | | | | | | |
| Native American Heritage?  Yes  No (If Yes, Refer to ICW Manual for Policy Requirements Related to Voluntary Case Plan. | | | | | | | | DATE PLAN BEGINS | | | | | DATE PLAN REVIEWED |
| **OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)** | | | | | | | | | | | | | |
| OBJECTIVE | | | | | | | | | | | | | |
| **OBJECTIVE START DATE** | | |  | **TARGET END DATE** | | | | | | |  | | |
| TASKS | | | | | | | | | | | | | |
| **SERVICES** | | | | | | | | | | | | | |
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| PROVIDER | | | | | | | | | | | | | |
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| **OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)** | | | | | | |
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| **OBJECTIVE (FAMILY, INDIVIDUAL, CHILD)** | | | | | | |
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| SIGNATURES | | | | | | | |
| PARENT/CAREGIVER SIGNATURE | | DATE | PARENT/CAREGIVER SIGNATURE | | | DATE | |
| CHILD (OVER 12 YEARS) SIGNATURE | | DATE | OTHER SIGNATURE | | | DATE | |
| SOCIAL WORKER SIGNATURE | | DATE | SUPERVISOR SIGNATURE | | | DATE | |